

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 31-JAN-2016		TIME 04:25:00		2. ADDRESS OF OCCURRENCE 7305 S PAULINA ST CHICAGO, IL 60636		3. LOCATION CODE 290		4. BEAT/OCCUR 0735			
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME GOMEZ	7. FIRST NAME ARNULFO		8. STAR NO. 13296	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WWH	11. AGE 510	12. HT. 190		
	14. DATE OF APPT. 05-MAR-2013		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 007 0735R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
SUBJECT INFORMATION	20. LAST NAME SMITH		21. FIRST NAME CHARLES		22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B.	26. HT. 511	27. WT. 230	
	28. ADDRESS CHICAGO, IL		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM? CFD		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED <input type="checkbox"/> DNA		37. CB NO.		38. IR NO. <input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. DINA		39. SUBJECT'S ACTIONS		40. MEMBER'S RESPONSE		41. ASSAULT: ASSAULT		42. ASSAULT: BATTERY		
	43. PASSIVE RESISTER		44. ACTIVE RESISTER		45. ASSAULT: DEADLY FORCE		46. ASSAULT: ASSAULT		47. ASSAULT: BATTERY		
WEAPON DISCHARGE INCIDENT	48. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		49. FLED <input type="checkbox"/>		50. IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		51. ATTACK WITH WEAPON <input type="checkbox"/>		52. USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>		
	53. STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		54. PULLED AWAY <input type="checkbox"/>		55. OTHER _____		56. ATTACK WITHOUT WEAPON <input type="checkbox"/>		57. WEAPON <input checked="" type="checkbox"/>		
CASE INFO.	58. OTHER _____		59. OTHER _____		60. OTHER _____		61. OTHER _____		62. OTHER _____		
	63. MEMBER PRESENCE <input checked="" type="checkbox"/>		64. OPEN HAND STRIKE <input type="checkbox"/>		65. ELBOW STRIKE <input type="checkbox"/>		66. KNEE STRIKE <input type="checkbox"/>		67. FIREARM <input checked="" type="checkbox"/>		
SIGNATURES	68. VERBAL COMMANDS <input checked="" type="checkbox"/>		69. TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		70. CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		71. KICKS <input type="checkbox"/>		72. OTHER _____		
	69. ESCORT HOLDS <input type="checkbox"/>		70. OC CHEMICAL WEAPON <input type="checkbox"/>		71. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		72. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		73. OTHER _____		
70. EVENT NO. 1603102673		71. R.D. NO. HZ135085		72. DATE REVIEWED 10-29-08		73. TIME 10:00		74. DATE REVIEWED 10-29-08		75. TIME 10:00	
76. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		77. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		78. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 1		79. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		80. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		81. SPECIFY METHOD/EQUIPMENT USED TO RELOAD MAGAZINE	
82. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		83. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) WALL		84. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 10 FT. <input checked="" type="checkbox"/> 02 10 - 15 FT. <input type="checkbox"/> 03 15 - 20 FT. <input type="checkbox"/> 04 OVER 20 FT.		85. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN		86. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		87. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 SITTING <input type="checkbox"/> 02 KNEELING <input type="checkbox"/> 03 OTHER (SPECIFY)	
88. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		89. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		90. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		91. REPORTING MEMBER (Print Name) GOMEZ, ARNULFO		92. STAR/EMPLOYEE NO. 13296		93. SIGNATURE [Signature]	
94. REVIEWING SUPERVISOR (Print Name) DARLIN, RANDALL L		95. STAR NO. 93		96. SIGNATURE [Signature]		97. DATE REVIEWED 10-29-08		98. TIME 10:00		99. DATE REVIEWED 10-29-08	
100. TIME 10:00		101. DATE REVIEWED 10-29-08		102. TIME 10:00		103. DATE REVIEWED 10-29-08		104. TIME 10:00		105. DATE REVIEWED 10-29-08	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject/Offender deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Arnulfo Gomez #13296 acted in compliance with Department policy. Officer Gomez fired his weapon in fear for his life after offender SMITH, Charles IR #1270281 pointed and fired his handgun in Officer Gomez's and his partner, Officer David Pasilla's #17798 direction, thus placing them in fear of their lives. Log Number 1079080 was issued for this incident. U#16-02

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1079080 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

31-JAN-2016 12:40:29

79. TOTAL TRR's THIS EVENT No

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